

**Appendix Table 1.** Academic Table of Results

				Dimension							
Author (year), Journal	Keyword(s)	Geog. Focus	Type	1a: Evidence	1b: Data, methods and disciplines	1c: Knowledge transfer and translation	2: Who advocates for health equity and to whom?	3: Advocacy messages and their respective merits and disadvantages	4: Tailoring arguments to different political standpoints	5: Barriers (and enablers) of successful advocacy	6: Practices and activities that may increase the effectiveness of advocacy efforts
Adelman (2011) <i>Fam Community Health</i> <sup>42</sup>	HB, ESI, HI, MED, PH, RH, SDH	USA	Rev		Causal data, linking SDH to HIs		Health researchers > public	Unequal health outcomes are not natural but a result of political choices		Public opinion	
Anand (2002) <i>J Epidemiol Community Health</i> <sup>120</sup>	ESI, HI, SJ, SDH	NS/Glob	Rev		Data on SES and intergroup differences rather than social groupings		Health researchers > public	Health as a value; while economic inequalities can be justified, health inequalities cannot; some kinds of health inequalities, such as those concerning childhood, may be less acceptable to public opinion	Aversion to inequality is more likely in certain population groups		
Andrews and Caren (2010) <i>Am Sociol Rev</i> <sup>101</sup>	ENV, MED, SM	USA	Emp				NGOs/CSO > media				Media outreach, capacity building

Bambra, Fox and Scott-Samuel (2005) <i>Health Promot Int</i> <sup>162</sup>	HLC, HI, PH, HR, SDH	UK	Rev				Health promoters, public health, policymakers, politicians, political scientists	Health as a value		Biomedical, neoliberalism	
Baum (2007) <i>Promot Educ</i> <sup>94</sup>	HI, INT, PH, RH, SDH, SM	AU	Rev			Evidence is not enough	CSOs, local public health promoters > government	Social justice, links between environment and health equity		Biomedical, public opinion	
Baum (2008) <i>Crit Public Health</i> <sup>139</sup>	GLO, HI, INT, PH, SM	NS/Glob	Rev				Health promoters at heart of global social movement	Sustainability		Neoliberalism	
Baum (2009) <i>Glob Health Promot</i> <sup>199</sup>	CRI, ENV, HI, PH, INT, SM	NS/Glob	E/C				Social movements	Ecological limits to growth		Neoliberalism	
Baum, Laris, Fisher, Newman and Macdougall (2013) <i>Soc Sci Med</i> <sup>77</sup>	HI, HLC, INT, RH, SDH	AU	Emp			Narratives, stories, frame messages	NGOs/CSOs can provide; civil servants > ministers > other colleagues in government  government		Conservative-Liberal / Labor	Biomedical, economic, public opinion	Windows of opportunity, identify policy champion
Baum, Narayan, Sanders, Patel and Quizhpe	HI, PH, MED, SDH, SM, SP	NS/Glob	Rev				Health promoters and social movements; health	Social vaccines		Biomedical	

(2009) <i>Health Promot Int</i> <sup>200</sup>							promoters > biomedical-oriented health sector				
Braveman (2012) <i>Aust N Z J Public Health</i> <sup>192</sup>	CRI, ESI, HI, PH, SDH, SM, SP	NS/Glob	E/C					Health versus economic inequalities; “we are failing on health equity because we are failing on equity”		Austerity	
Braveman, Egerter and Mockenhaupt (2011) <i>Am J Prev Med</i> <sup>201</sup>	ECD, EDU, ESI, HB, HI, INT, POV, RH, SDH	USA	Rev					Health as a value, economic, lack of agency, “American ideal”			
Braveman and Gruskin (2003) <i>Bull World Health Organ</i> <sup>3</sup>	EVA, HI, HiAP, HR, INT, POV, SM	NS/Glob	Rev	Monitoring of health inequalities; focus on links between health and types of discrimination; routine focus on equity impacts of policies; evaluations	Quantitative of links between discrimination and health, qualitative data describing perceptions, contexts, and barriers		Health sector to advocate; national and international health organizations (eg, WHO) to provide leadership	Human rights, poverty		Biomedical, HiAP	International organizations

Braveman and Tarimo (2002) <i>Soc Sci Med</i> <sup>41</sup>	ESI, HI, HiAP, HLC, DEV, INT, POV, SDH	NS/Glob	Rev	Social inequalities and effect on health in low- and middle-income countries; health data linked to SES; causal mechanisms; cost-benefits			International agencies to lead in research and advocacy for health equity; also domestic and local groups, and lenders important	Quest for growth and austerity is socially destabilizing; health equity is a political and economic imperative; powerful relationship between economic and health inequalities repeatedly demonstrated	Privileged groups respond better to arguments appealing to self-interest	Neoliberalism	
Brownson, Fielding and Maylahn (2009) <i>Annu Rev Public Health</i> <sup>37</sup>	EBP, HI, PH, KTT, RM	USA	Rev	Cost-benefit evidence	Triangulation; qualitative and quantitative data; best available evidence, not best possible	Evidence brokers and champions	Public health to policymakers			Training to improve understanding and effectiveness of EBP	
Carlisle (2000) <i>Health Promot Int</i> <sup>202</sup>	HI, PH, SM	NS/Glob	Rev	Already enough evidence to act			Health promoters and communities > policymakers			Biomedical, overemphasis on community agency	
Carlisle (2001) <i>Crit Public Health</i> <sup>4</sup>	EBP, ESI, HB, HI, PH, POV, RM, SDH	UK	Rev	Causal mechanisms		Avoid overcomplexity and ambiguity, avoid	Researchers > policymakers	Social justice		Biomedical, economic, political	

						emphasizing weakness in the evidence base					
Chapman (2001) <i>Int J Epidemiol</i> <sup>170</sup>	EBP, EVA, HLC, PH	AU	Rev	Advocacy evaluations			Epidemiologi sts > policymakers and general public; media intermediaries			Academic; public health advocacy training	
Chapman (2009) <i>Bioethics</i> <sup>137</sup>	GLO, HI, HR, SDH, SM	NS/Glob	Rev				Global civil society including trade unions, human rights, environment > government, and international agencies	Human rights		Neoliberalis m, aspects of human rights; developing countries lack agency	Social mobilization
Chapman (2010) <i>Health Hum Rights</i> <sup>203</sup>	ESI, HI, HR, INT, SDH	NS/Glob	Rev	Impact of human rights on HIs			Human rights and public health > policymakers	Human rights		Lack of emphasis on links between human rights and SDH	
Chapman (2011) <i>Journal of Human Rights</i> <sup>125</sup>	HI, HR, INT, SDH	NS/Glob	Rev				Health promoters	Right to health and access to the SDH		Failure of CSDH to incorporate human rights approach	

Chilton, Rabinowich, Council and Breaux (2009) <i>Health Hum Rights</i> <sup>59</sup>	ECD, HI, HR, POV, SP, SM	USA	Emp		Qualitative data	Narratives, written reports, photographic evidence	Women at-risk of poverty supported by NGOs > policymakers	Right to food		Disadvantaged people lack agency and hard to involve in advocacy	Empowerment and involvement of poorer people in advocacy, legal action
Choi, Gupta and Ward (2009) <i>J Epidemiol Community Health</i> <sup>70</sup>	EBP, HI, INT	USA	Rev			Policy briefs, knowledge brokers	Scientists > policymakers; policymakers > scientists			Networks linking policymakers and researchers	
Clancy (2012) <i>Acad Med</i> <sup>51</sup>	HI, PH, RH	USA	E/C		Local health data supplied by local public health observatories		Academics with private-sector leaders > policymakers	Moral, economic			Cooperation between local health observatories and public health departments, closer links to private sector
Clarke, Niederdeppe and Lundell (2012) <i>Int J Environ Res Public Health</i> <sup>45</sup>	HI, MED, PH, RH, SDH	USA	Emp	Effect of HI/SDH narratives		Images, stories and narratives that emphasize SDH	Public health researchers and advocates > general public and government		Conservatives/ Liberals		
Coburn (2000) <i>Soc Sci Med</i> <sup>150</sup>	ESI, GLO, HI, SP	NS/Glob	Rev	Social protection reform, international trade, social cohesion, neoliberalism as a major				Social protection improves social cohesion	Citizens of less neoliberal countries more likely to support social protection	Neoliberalism, biomedical	

				contextual factor in health inequalities							
Commers, Visser and De Leeuw (2000) <i>Health Promot Int</i> <sup>164</sup>	HLC, HI, PH, MED, SDH	NL	Emp							Media, complexity of SDH, academic	Media outreach
Corrigan and Watson (2003) <i>Psychiatric Serv</i> <sup>28</sup>	EVA, HB, MH, SDH	USA	Rev	Evaluations of policies and interventions; SDH rather than lifestyle			Mental health advocates > policymakers		Conservatives/ Liberals		Electoral
Corrigan, Watson, Gracia, Slopen, Rasinski and Hall(2005) <i>Psychiatric Serv</i> <sup>181</sup>	MED, MH	USA	Emp	News media and mental health			Mental health advocates > newspaper journalists and editors			Media can perpetuate stigma	
de Campos (2012) <i>J Law Med Ethics</i> <sup>121</sup>	HI, PH, HR, INT, SJ	NS/Glob	Rev				Health promoters, human rights specialists	Health as a value		Human rights and private sector	
de Nesnera (2007) <i>Psychiatric Serv</i> <sup>86</sup>	EBP, MED, MH	USA	Rev				Psychiatrists > legislators and media				Lobbying
Dorfman, Wallack and Woodruff (2005) <i>Health Educ Behav</i> <sup>147</sup>	EDU, HI, MED, PH	USA	Rev					Social justice	Importance of framing messages	Public opinion (“rugged individualism”),	Communication training, media skills

										neoliberalism	
Eamon, Wu and Zhang (2012) <i>Child Youth Serv Rev</i> <sup>34</sup>	ECD, ESI, POV, SP	USA	Rev	Direct and indirect costs and benefits of policies and programs, evaluate negative effects of policies	Cost-benefit analyses, longitudinal data, qualitative and quantitative data			Economic, social protection as an economic stabilizer, ECD, reframe poverty as a societal rather than personal failing		Neoliberalism, public debt	
Edelman (2010) <i>J Dev Behav Pediatr</i> <sup>140</sup>	ECD, ESI, HI, POV, RH	USA	Rev	Poverty, inequalities and crime			Child advocates and researchers	Moral arguments concerning child poverty and inequality in a developed country			
Exworthy (2008) <i>Health Policy Plan</i> <sup>155</sup>	EBP, GLO, HI, HiAP, PH, RM, SDH	NS/Glob	Rev	Macrosocial impacts of international institutions on SDH		Life-cycle approach, clearer cause-and-effect statements	Academics and public health advocates > government			Neoliberalism, globalization, HiAP	Make use of “windows of opportunity”
Forman (2011) <i>Can J Public Health</i> <sup>95</sup>	EDU, HI, HR, PH, SM	NS/Glob	E/C				Social movement: public health and social movement > government	Right to health and General Comment 14		Human rights education and training in public health	Human rights training for health, CSOs to use HR



Freedman (2001) <i>Int J Gynaecol Obstet</i> <sup>123</sup>	ECD, GLO, HLC, HI, HR, DEV	NS/Glob	Rev				Broad coalition of different actors	Human rights, public shame concerning avoidable maternal deaths			Identify workings of power that uphold unequal health
Funk, Minoletti, Drew, Taylor and Saraceno (2006) <i>Health Promot Int</i> <sup>117</sup>	HI, PH, INT, MH, SM	USA	Rev				Service users and social movements > government; international agencies and national governments > support advocacy movements				Awareness-raising campaigns and antistigma messages, capacity building
Ganesh and McAllum (2010) <i>Management Communication Quarterly</i> <sup>204</sup>	HI, HLC, PH	NS/Glob	Rev	Merits of terms “well-being” versus “health”	Communications science			Well-being as a concept of holistic health			
Goldhagen (2003) <i>Pediatrics</i> <sup>91</sup>	ECD, EDU, HI, HR, INT, MH	USA, UK	Rev		Intracountry health data by population groups		Pediatricians	Children’s rights		Human rights integrated into pediatrics	
Goodman <i>et al.</i> (2004) <i>Couns Psychol</i> <sup>81</sup>	EDU, HLC, RH, SM	USA	Rev			Focus on strengths and not deficits of deprived groups	Counselling psychologists and professional associations; psychologists > students	Social justice	Rural/urban	Professional aversion to advocacy, academic; empowerment, student work in communities,	

										advocacy, and social justice in syllabuses	
Gostin (2012) <i>JAMA</i> <sup>163</sup>	HI, HR, DEV, INT, SM	NS/Glob	Rev				Global coalition of civil society and researchers; WHO	Social justice		Biomedical, fragmented global activities	Framework Convention on Global Health
Gray and Bailie (2006) <i>Aust N Z J Public Health</i> <sup>126</sup>	HI, HR, PH, RH	AU	Rev				Lawyers, public health promoters, human rights specialists > government	Human rights, right to health		Human rights	
Harmon (2009) <i>Med Health Care Philos</i> <sup>110</sup>	HI, HR, INT, PH	NS/Glob	Rev				WHO	Health as a value		Limited role of WHO	
Harpham and Tuan (2006) <i>Bull World Health Organ</i> <sup>148</sup>	EBP, HI, DEV, KTT, MH, SM	Vietnam	Emp				Health policy researchers > policymakers		Evidence needs to fit “political limits”		Policy-research networks
Havel (1992) <i>Adm Policy Ment Health</i> <sup>107</sup>	MH, SM	USA	Emp				Mental health advocates and community > national-level decision makers				Lobbying, social mobilization, coalitions

Hawe (2009) <i>Can J Public Health</i> <sup>47</sup>	HB, HI, INT, SDH, PH	UK, USA, Canada	Rev	Discourse analysis, social capital		Avoid overtly ideological messages	Health researchers, health promoters and campaigners > general public and policymakers	Social capital	Left/right	Biomedical, public health (lack of advocacy role), public opinion, academic	
Hawe and Shiell (2007) <i>Eur J Public Health</i> <sup>30</sup>	EVA, HI, PH, RM, SDH, SM	UK	E/C	Economic evaluations of existing policies, evaluations of existing social policies	Participatory methods, mapping of policies, CBPR	Avoid endless tabulations of data, evidence not enough	Scientists, community and CSOs/NGOs > voters	Reframe debate from “individual choice” to “public good”			
Hayden (2012) <i>Rev Int Stud</i> <sup>127</sup>	ESI, DEV, HI, HR	NS/Glob	Rev					Right to health			
Head and Stanley (2007) <i>Int J Adolesc Med Health</i> <sup>43</sup>	EBP, ECD, HI, KTT, YTH	AU	Rev	Cost-effectiveness of policies	Causal data, interdisciplinary cross-sectoral research	Workshops, roundtables, tailor documents to audience, dissemination	Researchers advocating with young people			Improved dissemination infrastructure	Websites, cross-organizational cooperation, networking, knowledge brokering
Hunt (2009) <i>Glob Health Promot</i> <sup>124</sup>	HI, INT, PH, POV, HR, SDH	NS/Glob	E/C					Human rights		CSDH lacked explicit HR perspective	
Hunt and Backman (2008) <i>Health Hum Rights</i> <sup>104</sup>	HI, HLC, HR, INT, PH, SM	NS/Glob	Rev				International organizations, CSOs, legal profession	Right to health, health systems			Human rights, legal action

Imig (2006) <i>J Child Poverty</i> <sup>177</sup>	ECD, ESI, HLC, HR, POV, SP, SM	USA	Rev					Children's well-being		Public opinion, racism	Social mobilization, lobbying, electoral
Izumi, Schulz and Israel (2010) <i>Prog Community Health Partnersh</i> <sup>33</sup>	EBP, EVA, HI, KTT, RM	USA	Rev	Evaluations of policies and programs	Cost-benefit analyses, cost-effectiveness, CBPR	Policy briefs ("one-pagers"), face-to-face meetings, stories	Researchers > policymakers; researchers and communities in community-academic partnerships	Cost-benefit			
Jupp (1990) <i>Hum Rights Q</i> <sup>130</sup>	CRI, ECD, EDU, HI, HR, POV, SP	USA	E/C				CSOs > general public, decision makers and children's rights professionals	Children's rights			Human rights, general schooling
Kaufmann and Lay (2004) <i>Future Child</i> <sup>108</sup>	ECD, POV, RH, SP	USA	E/C				CSOs, immigrant groups, disadvantaged mixed-race groups	Reframe messages, ECD	Moderately engaged voters	Public opinion and racism	Social mobilization, political participation, electoral
Kickbusch (1997) <i>Health Promot Int</i> <sup>96</sup>	ENV, HI, DEV, INT, PH, SJ, SDH	NS/Glob	E/C				Health promoters in partnerships and coalitions involved in development	Health as a value			

Kim, Kumanyika, Shive, Igweatu and Kim (2010) <i>Am J Public Health</i> <sup>82</sup>	HB, HI, MED, PH, RH, SDH	USA	Emp			Avoid messages that blame individuals for their conditions		Reframe messages		Media coverage, public opinion, racism, individualism	Frame issues
Kiselica (2004) <i>Couns Psychol</i> <sup>169</sup>	ECD, EDU, MH, RM, YTH	USA	Rev				Psychologists and researchers with clients and disadvantaged communities > government	ECD		Academic, professional aversion to advocacy; scholarships that serve communities	Lobbying
Labonté and Schrecker (2007a) <i>Bull World Health Organ</i> <sup>109</sup>	GLO, HI, HR, DEV, INT, PH, POV, SDH	NS/Glob	Rev				Public health promoters to G8/G20	Moral, social justice			International action, human rights
Labonté and Schrecker (2007b) <i>Global Health</i> <sup>205</sup>	GLO, HI, HR, DEV, INT, POV, SDH	NS/Glob	Rev					Moral, social justice		Poorer countries lack agency, neoliberalism, closed-access research, human rights	Global arena, legal action on human rights grounds
Landsbergis and Cahill (1994) <i>Int J Health Serv</i> <sup>92</sup>	HI, MH, SM, WandE	USA	Rev	Trade unions			Trade unions and researchers > employers and government	Advantages to employers of improved employee health		Public opinion	Social mobilization, media outreach, lobbying, public education campaigns

Lessard and Raynault (2009) <i>Can J Public Health</i> <sup>206</sup>	ESI, HI, HiAP, HLC, POV, PH, SDH	Canada	E/C	Poverty and health		Locally relevant health data by SES	Health promoters and public health observatories > other sectors and government	Poverty and health			Intersectoral cooperation
Leung, Yen and Minkler (2004) <i>Int J Epidemiol</i> <sup>52</sup>	ENV, HI, RH, RM	NS/Glob	Rev		Local health data, CBPR	Locally relevant data					Accessible research
Lomas and Brown (2009) <i>Milbank Q</i> <sup>85</sup>	EBP, HLC	Canada	Emp			Nonlinear policymaking; research has to compete with “complex forces”	Researchers > policymakers; policymakers and civil servants > decision makers			Functioning framework for brining evidence into policymaking	Timing, make use of “windows of opportunity”
Luis, Yore and Habibullah (2011) <i>Lancet</i> <sup>118</sup>	EDU, HI, DEV, INT, SDH, SJ	NS/Glob	E/C				Medical students to finance, trade and labor ministries; diverse social movements; United Nations	Social justice			
Lynch (2000) <i>Soc Sci Med</i> <sup>151</sup>	ESI, HI, SP	NS/Glob	Rev	Social capital						Neoliberalis m	
Mackenbach, Meerding and Kunst	HI, HLC, INT, SDH, PH, SP	EU	Emp	Economic data and analysis				Various economic cost		Economic	

(2011) <i>J Epidemiol Community Health</i> <sup>13</sup>								categories that can be used in advocacy efforts			
Macnaughton, Nelson and Goering (2013) <i>Soc Sci Med</i> <sup>152</sup>	EBP, KTT, MH	Canada	Emp				Advocacy groups and policy champion > decision makers			Academic, neoliberalism	Windows of opportunity, small groups of people can affect policy processes, policy champions
Marmot (2012) <i>Aust N Z J Public Health</i> <sup>97</sup>	CRI, ESI, GLO, HI, INT, PH, SDH, SM	NS/Glob	E/C				Social movement and researchers > policymakers	Moral arguments		Austerity, neoliberalism	
Marmot (2013) <i>Lancet</i> <sup>119</sup>	ESI, HB, HI, SJ, SP	EU	E/C					Health as a value			
Marmot and Bell (2010) <i>Occup Med</i> <sup>207</sup>	ESI, HI, INT, WandE	NS/Glob	E/C				Occupational health and health promoters	Moral, policies can reduce inequalities		Neoliberalism	
Marmot, Friel, Bell, Houweling and Taylor (2008) <i>Lancet</i> <sup>1</sup>	ECD, GLO, HLC, HI, DEV, INT, MH, SDH, SJ, SP, WandE	NS/Glob	Rev	Policy impact on equity, researched focused on SDH	Basic health data and statistics (surveillance); hierarchy of evidence not suited to SDH		Citizens, health promoters, governments > various targets including private sector	Social justice		Incorporating SDH into health and medical curricula; training for policymakers on SDH	Capacity building, teaching SDH, raising awareness

Martens (2012) <i>J Urban Health</i> <sup>84</sup>	EBP, HI, KTT, RM	Canada	Rev			Visual representation of data, stories and narratives: aim to be understood; avoid relative rates, relative risks, or odds ratios	Health equity researchers > policymakers				
Maru and Farmer (2012) <i>Health Hum Rights</i> <sup>78</sup>	HI, HR, DEV, KTT, PH, POV, SM	Haiti, Nepal, India	Rev	Extreme poverty, interventions research	Methods that benefit communities	Narratives and personal stories	Social movement involving health professionals and communities	Human rights		Disadvantaged people have less agency and constitute a silent electoral constituency	Dissemination of science, social mobilization, empowerment
Masuda, Poland and Baxter (2010) <i>Health Promot Int</i> <sup>53</sup>	ENV, HI, HiAP, PH, RM	Canada	Rev	Environmental health, local and community knowledge	CBPR, interdisciplinary research		Public health, environmental lists, communities	Sustainability, “environmental health justice”		Disadvantaged people have less agency, lack of HiAP	Empower communities, intersectoral cooperation
Maton and Bishop-Josef (2006) <i>Prof Psychol Res Pr</i> <sup>60</sup>	EBP, HLC, RM, SP	USA	Rev		Qualitative data, interdisciplinary research, evaluation research	Summaries of evidence, conclusive findings, strengths of deprived groups	Psychologists and researchers from other disciplines > policymakers			Privileged political access bestowed to economists	Policy-research networks



McCoy, McCoy, Bambas, Acurio, <i>et al.</i> (2003) <i>J Health Popul Nutr</i> <sup>208</sup>	HI, DEV, SDH	Burkina Faso, Kenya, SA, Zambia, Zimbabwe, Bangladesh, China, Thailand, Chile, Ecuador	Rev	Social inequalities and links to health, wealth and power			Health promoters > policymakers	Social justice			
Muntaner (1999) <i>Scand J Public Health</i> <sup>161</sup>	EDU, ESI, HI, PH, RH	USA	Rev				Educators > students			Public opinion, academic, biomedical, political and cultural legitimization of social inequalities	Education to counter middle-class attitudes
Muntaner, Sridharan, Solar and Benach (2009) <i>J Public Health Policy</i> <sup>209</sup>	EBP, ESI, EVA, HI, INT, PH, SDH	NS/Glob	E/C	Class, evaluation of policies, research on hard-to-reach groups		Balance problems with explicit solutions	Public health promoters and researchers > United Nations and governments	Social justice			
Murphy, Canales, Norton and DeFilippis (2005) <i>Policy Polit Nurs Pract</i> <sup>90</sup>	EDU, HI, HLC	USA	Rev				Nurses and nursing associations			Advocacy training	
Murphy and Fafard	EBP, HI, INT, KTT,	USA	Rev			Policy mapping, research not the	Researchers working with			Academic	Social mobilization,

(2012) <i>J Urban Health</i> <sup>168</sup>	SDH					final word	others as part of “collective action”				policy networks
Nathan, Rotem and Ritchie (2002) <i>Health Promot Int</i> <sup>100</sup>	HI, PH, MED, SM	AU	Emp	Constraints and enablers of effective advocacy, research on capacity			NGOs				Media outreach, lobbying capacity building (identify key issues and outcomes, credibility, leadership, networking and relationship-building, information management, communication, demand management, resources and critical reflection
Navarro (2004) <i>Int J Health Serv</i> <sup>93</sup>	ESI, HI, POV	USA	E/C	Class and health			Trade unions	Disadvantaged people lack agency, poorer are exploited		Academic, electoral system	
Nelson (1994) <i>Am J Community Psychol</i> <sup>102</sup>	MED, MH, RM, SM	Canada	Emp				Mental health advocates and coalitions > government decision makers				Sustain pressure, work with preexisting organizations, windows of opportunity as a result of elections

Niederdeppe, Bu, Borah, Kindig and Robert (2008) <i>Milbank Q</i> <sup>79</sup>	HI, HLC, MED, POV, RH, SDH	USA	Rev			Stories and images, avoid activating negative stereotypes	Citizens supported by NGOs or advocacy groups; public health advocates	Acknowledge individual responsibility but emphasize SDH	Frame messages to political constituency		
Nixon and Forman (2009) <i>BMC Int Health Hum Rights</i> <sup>135</sup>	DEV, HR, PH	NS/Glob	Rev				Public health, human rights and CSOs > governments	Human rights		Human rights and lack of enforceability	Human rights, legal action
Nutbeam and Boxall (2008) <i>Public Health</i> <sup>31</sup>	EBP, EVA, KTT, PH, RH, RM, SDH	AU and UK	Res	Costs and benefits of interventions to tackle HIs	Cost-benefit analyses; qualitative research	Explicit solutions, communicate evidence to fit “policy direction”	Researchers > policymakers		Left / Conservative		Researchers engage with policymaking process
O'Campo (2012) <i>J Urban Health</i> <sup>68</sup>	EBP, ESI, HB, HI, INT, RM, SDH	NS/Glob	Rev	Macrosocial causes of adverse health, evaluation of policies and interventions, evidence of why interventions are effective	Trans-disciplinary research, realist reviews; caution: RCTs,	Jigsaw of evidence, policy-relevant data	Researchers to provide data > policymakers			Neoliberalism	
Orton Lloyd-Williams, Taylor-Robinson, Moonan, O'Flaherty and Capewell (2011)	EVA, HI, HiAP, PH, RM, SDH	UK	Emp	Evidence of policies on SDH and HIs	Cost-benefit analyses, ethical research methods		Public health workers with researchers; target the national or EU level			Biomedical (demand for acute services rather than “upstream” approaches), short-term culture of	Training for health commissioners; intersectoral cooperation and action

<i>BMC Public Health</i> <sup>38</sup>										health delivery, drive to achieve “more for less”	
Pavlish, Ho and Rounkle (2012) <i>Nurs Ethics</i> <sup>87</sup>	HLC, HR, DEV	Rwanda	Emp				Nurses and their professional associations	Human rights		Advocacy is not a professional role	
Petticrew (2007) <i>Eur J Public Health</i> <sup>39</sup>	EBP, HI, PH, RM, SDH	NS/Glob	E/C	Evaluations of public health interventions	Cost-benefit analyses; “is more evidence really needed?”	Avoid overemphasizing limits of evidence	Scientists > policymakers				Make use of “windows of opportunity”
Petticrew and Roberts (2003) <i>J Epidemiol Community Health</i> <sup>67</sup>	KTT, RM	UK	Rev		Qualitative and quantitative, methodological aptness		Scientists > policymakers				
Petticrew, Whitehead, Macintyre, Graham and Egan (2004) <i>J Epidemiol Community Health</i> <sup>29</sup>	EBP, EVA, HB, HI, PH, KTT, RM, SDH	UK	Emp	Evaluations of existing policies; predictive research	Cost-benefit analyses, research methodologies suitable for assessing effects of multiple interventions	Jigsaw of evidence, KTT, RCTs, timing, narratives, SDH, science dissemination	Researchers > policymakers / civil servants and elected officials				Capacity building, training, timing, open access research
Pittman (2006) <i>J Health Polit Policy Law</i> <sup>7</sup>	EBP, HI, PH	USA, UK, NL, China, SA, Chile	Emp			Propose policy-compatible solutions	Researchers, public health and other civil servants > government		Importance of framing research and messages		Monitor public opinion, choose correct messenger, find a policy champion,

							ministers				become a trusted messenger
Popay and Williams (1998) <i>J R Soc Med</i> <sup>58</sup>	EBP, HLC, RM	NS/Glob	Rev		Qualitative and quantitative evidence (complementary and different uses)					Academic devaluation of qualitative research	
Priest Waters, Valentine, <i>et al.</i> (2009) <i>Evid Policy</i> <sup>36</sup>	EBP, HI, INT, KTT, SDH	NS/Glob	Emp	Evidence of effective KTT, interventions and policies in middle- and low-income countries	Cost-benefit analyses, report by social factors, use and drawbacks of RCTs	“Cameos of evidence” summarizing evidence, research overviews, audio-visual evidence, stories	Scientists > policymakers				
Raman, Woolfenden, Williams and Zwi (2007) <i>J Paediatr Child Health</i> <sup>105</sup>	ECD, HR, RH	AU	Rev				Pediatricians with and on behalf of children > government	Human rights, children’s rights		Advocacy not part of pediatrics, aging society leads to reduced attention to ECD	Human rights and advocacy training for pediatricians
Raphael (2009) <i>Health Promot Int</i> <sup>179</sup>	HB, HI, INT, KTT, MED, PH, SDH	Canada	E/C	Research on SDH		Avoid ambiguous language in KTT	Public health units and public health professionals > policymakers, media and			Neoliberalism, media, academic, biomedical	Press releases, “drumbeat” of messages, unambiguous messages

							public				
Raphael (2010) <i>Paediatr Child Health</i> <sup>210</sup>	ECD, HI, HLC, POV, SDH	Canada	Rev				Pediatricians and professional associations			Neoliberalism, electoral systems, public lack of knowledge	Raising awareness, electoral
Raphael (2011) <i>Health Promot Int</i> <sup>158</sup>	HLC, HB, HI, MED, SDH, SM, PH	Canada	E/C				Public health officials > public			Individualism, media, belief in technological fixes; enabler: public awareness	Make greater use of alternative media
Raphael and Bryant (2006) <i>Promot Educ</i> <sup>56</sup>	PH, SDH, SP, RM	Canada	Rev	Social protection, SDH, policies, and effects on SDH	CBPR, involve policymakers in research		Public health, the public, and trade unions				
Ratzan (2011) <i>J Health Commun</i> <sup>211</sup>	HLC, HR, INT	EU	E/C					Employment, economic, social justice, health as a value			
Roos, Roos, Brownell and Fuller (2010) <i>Milbank Q</i> <sup>54</sup>	EBP, ECD, EDU, ESI, HLC, HI, PH, POV, KTT	Canada	Emp		Local health data linked to SES	Local health data by SES, good news stories, meaningful messages	Researchers, policymakers, school boards, ministry staff; NGOs,	Poor outcomes for disadvantaged people not inevitable, educational		Long-term relationships between researchers and	

							private sector > policymakers	impacts of inequities can help build a broader constituency for taking action		policymakers	
Rose, Thornicroft and Slade (2006) <i>Acta Psychiatr Scand Suppl</i> <sup>61</sup>	EBP, HLC, MH, RM	NS/Glob	Rev		Qualitative and quantitative research ("cross- fertilisation")	Repeat facts to policymakers	Medical professionals, psychiatrists, and researchers > policymakers				
Ross (1992) <i>Adm Policy Ment Health</i> <sup>175</sup>	ECD, MH, SM	USA	Emp				Social movements and coalitions				Coalitions
Rudolf (2003) <i>Pediatrics</i> <sup>88</sup>	ECD, HLC, MED	UK	E/C				Pediatricians			Advocacy training for pediatricians	
Rychetnik, Frommer, Hawe and Shiell (2002) <i>J Epidemiol Community Health</i> <sup>66</sup>	PH, RM	NS/Glob	Rev		Appropriate study designs (caution: RCTs)						
Safarjan (2002) <i>Am Psychol</i> <sup>89</sup>	HLC, MH, SM	USA	E/C				Psychologists , professional organizations, and community or advocacy groups > policymakers				Planning, persistence, mobilize resources, grassroots mobilization, testimony in legislative

							and legislators				proposals,
Sanders and Chopra (2006) <i>Am J Public Health</i> <sup>157</sup>	ECD, HI, DEV, PH, POV, SM	SA	Rev				Health equity advocates and communities > policymakers			Neoliberalis m, difficulties funding disadvantage d areas	Grassroots mobilization
Schrecker, Chapman, Labonté and De Vogli (2010) <i>Soc Sci Med</i> <sup>153</sup>	CRI, GLO, HI, HR, DEV, INT, PH, SDH	NS/Glob	Rev	Human rights, research on international debt			Public health and human rights specialists	Human rights		Market fundamentali sm	
Servaes and Malikhao (2010) <i>Public Relat Rev</i> <sup>178</sup>	INT, MED, SDH, SM	NS/Glob	Rev				Political parties, professional and academic institutions, religious and cause- oriented groups, private sector, health communicato rs				Activate media, social mobilization
Shankardass, Lofters, Kirst and Quinonez (2012) <i>Int J Equity</i>	ESI, HI, KTT, MED	Canada	Emp	Social inequalities and effects on health		Simplify evidence	Health equity advocates, physicians, researchers, and health			Public education campaigns	Public awareness campaigns



<i>Health</i> <sup>171</sup>							communicators > general public and policymakers				
Sheather (2009) <i>Postgrad Med J</i> <sup>128</sup>	HLC, HR, DEV	NS/Glob	Rev				Human rights activists; public-sector medical staff and their associations	Human rights, right to health		Human rights an unlikely rallying point for public opinion	
Shiffman and Smith (2007) <i>Lancet</i> <sup>19</sup>	ECD, DEV, HiAP, INT	NS/Glob	Emp	Political attention to global health initiatives: why?			WHO, civil society to various ministers		Frame messages	Complexity of HIs, disadvantaged people have less agency to advocate	Windows of opportunity, social mobilization, frame messages to different audiences
Shonkoff (2000) <i>Child Dev</i> <sup>62</sup>	EBP, ECD, HLC, RM	NS/Glob	Rev		Interdisciplinary research	Requires “cross cultural” translation across science, policy and practice; credibility important	Medical professionals, policymakers, researchers				Foster links and understanding across medical professionals, policymaker and researchers
Shonkoff and Bales (2011) <i>Child Dev</i> <sup>75</sup>	EBP, ECD, KTT, POV	USA	Rev			Simplify evidence, metaphors; evidence base never complete	Partnership among a group of neuroscientists, developmental psychologists, pediatricians,	ECD (economic)		Academic, public opinion, common knowledge at odds with science, individualistic concepts	

							economists, and communicatio ns researchers > policymakers				
Smith (2010) <i>Br J Sociol</i> <sup>167</sup>	EBP, EDU, HI	UK	Emp			Avoid simplistic notions of EBP	Scientists > policymakers			Market- orientated higher education systems	
Smith, Keleher and Fry (2008) <i>Health Promot J Austr</i> <sup>32</sup>	EVA, HI, HiAP, INT, PH	AU and NZ	E/C	Evaluations of upstream interventions, evidence of cross-sectoral initiatives			Health promoters	Social justice and links to health promotion		Biomedical, HiAP (failure to link to social agenda)	Intersectoral co- operation, partnerships for advocacy
Smith and Katikireddi (2013) <i>J Epidemiol Community Health</i> <sup>180</sup>	EBP, KTT, MED, PH	NS/Glob	Rev				Scientists, advocacy coalitions				Windows of opportunity, entry points in the policymaking process, tailor messages
Stead, Hastings and Eadie (2002) <i>Health Educ Res</i> <sup>50</sup>	EVA, KTT, MED, RM	N/A	Rev	Evaluations of KTT and media advocacy	Communicatio ns science, marketing					Lack of evaluation data	Project design to include evaluation of advocacy
Stiglitz (2002) <i>Int Labour Rev</i> <sup>144</sup>	GLO, INT, SP, WandE	NS/Glob	Rev				International community	Basic purpose of economic activity		Neoliberalis m	

Syme, Lefkowitz, and Krimgold (2002) <i>Health Aff</i> <sup>165</sup>	HB, HI, HiAP, PH, SDH	USA	E/C				Public health, communities and states in advancing an agenda			Neoliberalism, biomedical, country-specific enablers, HiAP	Public commissions
Thomsen, Hoa, Malqvist, <i>et al.</i> (2011) <i>Reprod Health Matters</i> <sup>212</sup>	ECD, HLC, HI, HR, DEV, PH, POV, SM	China, India, ID, Vietnam	Rev				Women's rights and maternal health advocates > Government and international agencies	Women's health services, proportionate universalism			Lobbying
Twill and Fisher (2010) <i>Fam Soc</i> <sup>173</sup>	ESI, HLC, HR, POV, RH, SP	USA	Emp				Social workers and professional organizations to partner with human rights advocates	Human rights		Lack of ratification of human rights legislation	Capacity building, human rights training for students, research and learning within communities
Usdin, Christofides, Malepe and Maker (2000) <i>Reprod Health Matters</i> <sup>114</sup>	HR, MED, SM	SA	Emp				Women's rights advocates > media; media > government; civil society > government; journalists > general public				Social mobilization, coalitions, media outreach, lobbying, windows of opportunity

Venkatapuram, Bell and Marmot (2010) <i>BMC Int Health Hum Rights</i> <sup>63</sup>	HI, HR, INT, PH	NS/Glob	Rev	Human rights and their links to HIs	Interdisciplinary research	Human rights and HI researcher cooperation	Social epidemiologists, social medicine, health promoters, and human rights > policymakers	Economic and social rights		Human rights, and links to science	Human rights
Viladrich (2012) <i>Soc Sci Med</i> <sup>146</sup>	HLC, RH, SP	USA	Rev				Media > customers/readers/viewers	Economic, fear of disease, patriotism, social cohesion		Public opinion, austerity	
Viswanath and Emmons (2006) <i>J Commun</i> <sup>80</sup>	HB, MED, PH, SDH	USA	Rev			Narratives and stories	Community groups, advocacy groups, consumer groups, media, general public				Narratives, tailor messages, repeat messages, gain-framed and loss-framed messages
Wallerstein and Duran (2010) <i>Am J Public Health</i> <sup>57</sup>	EBP, HI, RH, RM	USA	E/C		CBPR		Researchers and communities				
Whiteford (2005) <i>Australas Psychiatry</i> <sup>76</sup>	EBP, KTT, MH	NS/Glob	Rev			Simplify evidence	Mental health professionals > government and policymakers				Stakeholder analysis

Whitehead (1998) <i>Milbank Q</i> <sup>10</sup>	CRI, ESI, HI, INT, SDH	UK, NL, SE	Rev			Simplify language, timely reports aimed at generalists	Politicians, academics, public health organizations > policymakers and government	Country dependent; political left tends to initiate action	Context and country dependent	Professional pressure, public outcry over policies that penalize the poor, divided society, increased poverty, insecure employment, homelessness , intense recession, return of a center-left government, international action	International cooperation, high-profile commissions, high-profile and authoritative reports, windows of opportunity
Whitehead (2012) <i>Aust N Z J Public Health</i> <sup>156</sup>	CRI, ECD, HB, HI, KTT, PH, POV, SDH, SP	EU	E/C	Macrosocial causes of HI, austerity, vested interests		Science dissemination	Public health community			Vested interests, neoliberalism , austerity, lifestyle drift	
Whitehead, Petticrew, Graham, Macintyre, Bambra and Egan (2004) <i>J Epidemiol Community Health</i> <sup>69</sup>	EBP, EVA, HI, KTT, PH, RM	UK	Emp		Participatory research with policymakers, observational studies, timely household studies, controlled evaluations, policy	Jigsaw of evidence, policy brief	Health inequality researchers > policymakers				Job shadowing between policymakers and researchers

					experiments, historical evidence						
Wilcox, Weisz and Miller (2005) <i>J Clin Child Adolesc Psychol</i> <sup>74</sup>	EBP, EDU, KTT	USA	Rev			Well-time presentations	Psychologists > policymakers			Advocacy by psychologists not permissible by law (in some US states)	
Yamin (2008) <i>Health and Hum Rights</i> <sup>154</sup>	ESI, HLC, HR, PH, POV, SM	NS/Glob	Rev				HR groups alongside CSOs at the local level	Human rights and links to social justice		Neoliberalis m, biomedical, limitations of human rights	Social mobilization, human rights and legal action

Abbreviations: Type: E/C = Editorial, commentary or biographical account; Emp = Empirical research, case study; Rev = Review article.

Country/ies: AU = Australia; EU = European Union; ID=Indonesia; NS/Glob=Not stated or global; NL = Netherlands; NZ = New Zealand; SA = South Africa; SE = Sweden.

Dimension(s): CBPR = Community-Based Participatory Research, CSOs = Civil Society Organizations, ROI = Return on Investment

Keyword Terms:

CRI = Economic crisis, austerity

DEV = International development, MDGs

EBP = Evidence-based policy (and policymaking process, policymaking, and evidence-based medicine)

ECD = Early childhood development (and child health, infant mortality, maternal health, maternal mortality)

INT = International institutions (EU, WHO, CSDH, UN, G8, G20, WB, IMF, etc.)

KTT = Knowledge transfer and translation

MED = Media (and newspapers, mass media, mainstream media, journalists, television)

MH = Mental health

EDU = Education

ESI = Economic and social inequalities (and class)

ENV = Environmentalism (and environment, climate change, sustainability)

EVA = Evaluation

GLO = Globalization (and international trade agreements, international trade)

HB = Health behaviors (and lifestyle, behaviors, tobacco)

HI = Health inequalities, health disparities, health equity

HIAP = Health in all policies

HLC = Health care (and nursing, health care policy, physicians, psychologists, social workers, medical professionals, immunization)

HR = Human rights (and human rights legislation, children's rights, Convention on the Right of the Child, right to health, women's rights)

PH = Public health, health promotion

POV = Poverty

RH = Racial health (and immigrant health, aboriginal health, racism (in terms of health))

RM = Research methodologies, qualitative methods, CBPR

SDH = Social determinants of health

SJ = Social justice

SM = Social mobilization (and social movements, civil society, resource mobilization theory, building coalitions)

SP = Social protection (and welfare, benefits, welfare reform, public benefits, social assistance)

WandE = Work and employment (and employment)